

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141	
B. E-MAIL CONTACT AT SUBMITTER (optional) uccfilingreturn@wolterskluwer.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 112970 - Greystone Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071 104150597 RIRI File with: Secretary of State, RI SEE BELOW FOR SECURED PARTY CONTACT INFORMATION	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER 202531508130 1/6/2025 SS RI	1b. <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. File Attachment Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13.
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2. **TERMINATION:** Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement.

3. **ASSIGNMENT (full or partial):** Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c, and name of Assignor in item 9. For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8.

4. **CONTINUATION:** Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.

5. **PARTY INFORMATION CHANGE.**
 Check one of these two boxes: Debtor or Secured Party of record. **AND Check one of these three boxes to:**
 CHANGE name and/or address. Complete item 6a or 6b, and item 7a or 7b and item 7c. ADD name. Complete item 7a or 7b, and item 7c. DELETE name. Give record name to be deleted in item 6a or 6b.

6. **CURRENT RECORD INFORMATION:** Complete for Party Information Change - provide only one name (6a or 6b)

6a. ORGANIZATION'S NAME Warwick Health Centre, Inc.				
OR	6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S) INITIAL(S)	SUFFIX

7. **CHANGED OR ADDED INFORMATION:** Complete for Assignment or Party Information Change - provide only one name (7a or 7b). Use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name.

7a. ORGANIZATION'S NAME GREYSTONE BRIDGE CLO XII LLC				
OR	7b. INDIVIDUAL'S SURNAME			
	INDIVIDUAL'S FIRST PERSONAL NAME			
	INDIVIDUAL'S ADDITIONAL NAME(S) INITIAL(S)			SUFFIX

7c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
152 WEST 57TH STREET, 60TH FLOOR	NEW YORK	NY	10019	USA

8. **COLLATERAL CHANGE:** Check only one box: ADD collateral, DELETE collateral, RESTATE covered collateral, ASSIGN* collateral. Indicate collateral. *Check ASSIGN COLLATERAL only if the assignee's power in name of the record is limited to only collateral, and describe the collateral in Section 8.

9. **NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT:** Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment). If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor.

9a. ORGANIZATION'S NAME Greystone Loan Aggregator LLC				
OR	9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S) INITIAL(S)	SUFFIX

10. **OPTIONAL FILER REFERENCE DATA:** Debtor Name: Warwick Health Centre, Inc. 104150597 HEALTH CONCEPTS RI PORTFOLIO BRIDGE

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

11 INITIAL FINANCING STATEMENT FILE NUMBER Same as item 1a on Amendment form
 202531508130 1/6/2025 SS RI

12 NAME OF PARTY AUTHORIZING THIS AMENDMENT Same as item 9 on Amendment form

OR	12a ORGANIZATION'S NAME Greystone Loan Aggregator LLC	
	12b INDIVIDUAL'S SURNAME	
	FIRST PERSONAL NAME	
	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

13 Name of DEBTOR on related financing statement (Name of a current Debtor of record required for indexing purposes only in some filing offices - see Instruction item 13) Provide only one Debtor name (13a or 13b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name); see Instructions if name does not fit

OR	13a ORGANIZATION'S NAME Warwick Health Centre, Inc.			
	13b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

14 ADDITIONAL SPACE FOR (CHECK ONE BOX). ITEM 8 (Collateral) OR OTHER INFORMATION (Please Describe)

Debtor Name and Address:
 Warwick Health Centre, Inc. - 588 PAWTUCKET AVENUE, Pawtucket, RI 02860

Secured Party Name and Address:
 Greystone Loan Aggregator LLC - 152 West 57th Street, 60th Floor, New York, NY 10019
 GREYSTONE BRIDGE CLO XII LLC - 152 WEST 57TH STREET, 60TH FLOOR, NEW YORK, NY 10019

<p>15 This FINANCING STATEMENT AMENDMENT <input type="checkbox"/> covers timber to be cut <input type="checkbox"/> covers as-extracted collateral <input type="checkbox"/> is filed as a fixture filing</p> <p>16 Name and address of a RECORD OWNER of real estate described in item 17 (if Debtor does not have a record interest)</p>	<p>17 Description of real estate</p>
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